



*University "Goce Delcev" – Shtip,
Faculty of medical sciences, Dental medicine*

EMERGENCE AND GROWTH OF DENTAL TOURISM

Minovska Ana, Papakoca Kiro

EMERGENCE AND GROWTH OF DENTAL TOURISM

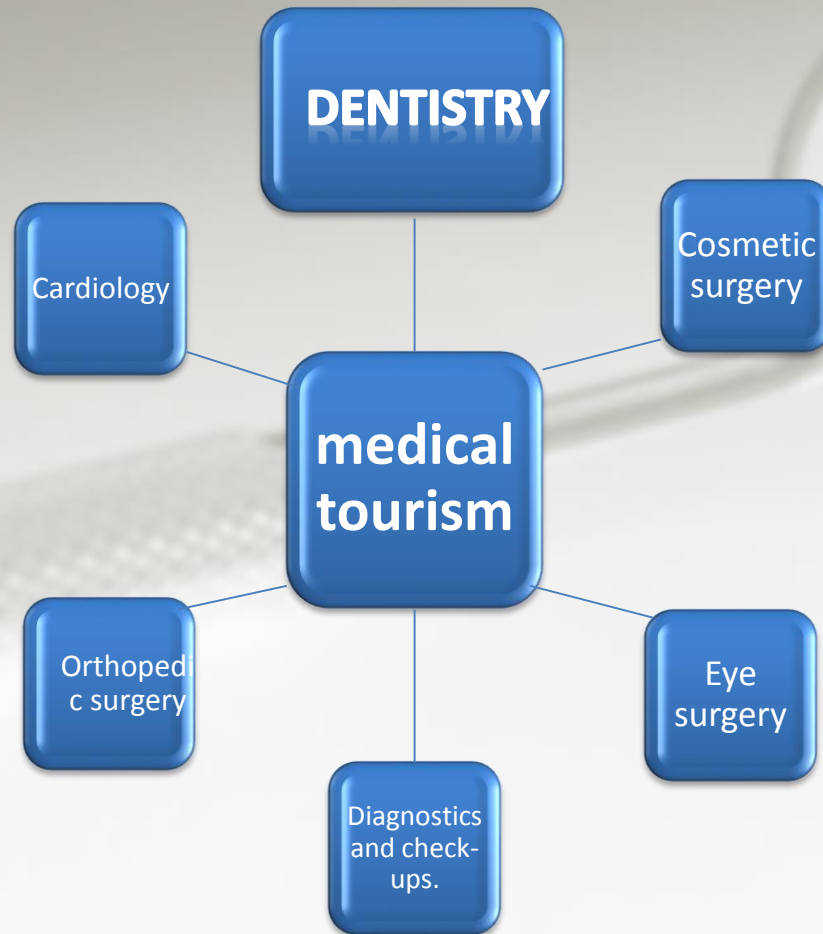


Medical tourism is not a new phenomenon.

In fact, archaeological evidence from the third millennium B.C. suggests that ancient Mesopotamians traveled to the temple of a healing god or goddess at Tell Brak, Syria, in search of a cure for eye disorders.¹

1 . http://www.cwmts.com/download/mt_ebook_nima.pdf

DENTAL TOURISM IS A SUBSET OF THE SECTOR KNOWN AS MEDICAL TOURISM
IT INVOLVES INDIVIDUALS SEEKING DENTAL CARE OUTSIDE OF THEIR LOCAL HEALTHCARE SYSTEMS AND MAY BE ACCOMPANIED BY A VACATION.



THERE ARE THREE CATEGORIES OF MEDICAL TOURISM



to a Center of Excellence
in another region

THERE ARE TWO MAIN REASONS FOR MEDICAL AND DENTAL TOURISM:

**Why dental
tourism?**

**MAY COMBINE
THEIR CHEAPER
DENTAL
TREATMENT WITH
A **HOLIDAY****

**TO TAKE
ADVANTAGE OF
LOWER PRICES.**

**OR MAYBE BETTER
AND MORE
EXPERIENCED CARE**



Even in countries with national health programs such as Western Europe, **dental care is not always covered**. In countries without a national health program, the cost of dental health insurance often makes domestic dental care too expensive.

- AMERICANS VISIT DENTISTS IN MEXICAN BORDER TOWNS.
- AUSTRALIANS FLY TO THAILAND FOR INEXPENSIVE DENTAL CARE.
- PEOPLE FROM WEST EUROPE TRAVEL TO CLINICS IN MACEDINIA, BULGARIA, CROATIA, HUNGARY AND POLAND.

MOST “DENTAL TOURISTS” TRAVEL FOR TREATMENT WHEN THE TOTAL COST OF DENTAL CARE, MEALS, ACCOMMODATIONS, TRANSPORTATION AND OTHER EXPENSES IS LESS THAN THE PRICE OF LOCAL CARE.

REASONS FOR LOWER PRICES ARE MANY:

**DENTISTS OUTSIDE THE "DEVELOPED WORLD"
ARE ABLE TO TAKE ADVANTAGE OF:**

- **MUCH LOWER FIXED COSTS**
- **LOWER LABOR COSTS**
- **LESS GOVERNMENT INTERVENTION**
- **LOWER EDUCATION FEES AND EXPENSES, AND**
- **LOWER INSURANCE COSTS**



**TO TAKE ADVANTAGE
OF LOWER PRICES**

**OR MAYBE BETTER
AND MORE
EXPERIENCED CARE**

?


**IS IT POSSIBLE THAT
SOME PATIENTS MIGHT
BE AT GREATER RISK OF
RECEIVING
SUBSTANDARD
TREATMENT OR
RECEIVING PROCEDURES
THEY DO NOT NEED.**

!?

DENTIST, DENTAL ASSOCIATIONS AND DENTAL RESEARCHES MUST EXPLORE AND ADDRESS THE SOCIAL, ETHICAL, ECONOMIC AND LEGAL DIMENSION OF DENTAL TOURISM.



THE OPTIMISTIC VIEW OF THIS PHENOMENON IS THAT PATIENTS ARE TAKING INEXPENSIVE “DENTAL VACATIONS”



THE SKEPTICAL VIEW IS THAT PATIENTS RISK RECEIVING INFERIOR CARE IN REGION WITH LOWER REGULATORY STANDARDS AND LIMITED OVERSIGHT OF DENTAL CLINICS

QUALITY OF CARE



**MUCH OF THE DEBATE ABOUT DENTAL TOURISM IN GENERAL
REFERS ON THE QUESTION OF WHETHER OR NOT **DIFFERENCE IN PRICE**
IMPLY **QUALITY DIFFERENCE**.**

**NEED
FOR**



**DEVELOPMENT OF ACCREDITATION METHODS TO
EFFECTIVELY MEASURE AND COMMUNICATE QUALITY OF
CARE IN A STANDARDIZED WAY.**

Problem List¹

1. Active periodontal disease
2. Periapical translucency
3. Insufficient prosthetics
4. Cavities – insufficient fillings
5. Aesthetic problem



Plan of Therapy²

Development of treatment plan for a patient consists of four steps:

1. Examination and problem identification
2. Decision to recommend intervention
3. Identification of treatment alternatives
4. Selection of the treatment with patient's involvement.

1. Coleman GC. Documentation. In: Coleman GC, Nelson JF, editors. Principles of Oral Diagnosis. USA: Mosby-Yearbook; 1993. pp. 73–84.

2. Shugars DA, Shugars DC. Patient Assessment, Examination and Diagnosis, and Treatment Planning. In: Roberson TM, Heymann HO, Swift EJ, editors. Sturdevant's art and science of operative dentistry. 4th ed. USA: Mosby; 2002. pp. 389–428.

**TO TAKE ADVANTAGE
OF LOWER PRICES**

**OR MAYBE BETTER
AND MORE
EXPERIENCED CARE**

?

**IS IT POSSIBLE THAT
SOME PATIENTS MIGHT
BE AT GREATER RISK OF
RECEIVING
SUBSTANDARD
TREATMENT OR
RECEIVING PROCEDURES
THEY DO NOT NEED.**

!?

DENTIST, DENTAL ASSOCIATIONS AND DENTAL RESEARCHES MUST EXPLORE AND ADDRESS THE SOCIAL, ETHICAL, ECONOMIC AND LEGAL DIMENSION OF DENTAL TOURISM.



THE OPTIMISTIC VIEW OF THIS PHENOMENON IS THAT PATIENTS ARE TAKING INEXPENSIVE “DENTAL VACATIONS”

THE SKEPTICAL VIEW IS THAT PATIENTS RISK RECEIVING INFERIOR CARE IN REGION WITH LOWER REGULATORY STANDARDS AND LIMITED OVERSIGHT OF DENTAL CLINICS

QUALITY OF CARE



**MUCH OF THE DEBATE ABOUT DENTAL TOURISM IN GENERAL
REFERS ON THE QUESTION OF WHETHER OR NOT **DIFFERENCE IN PRICE**
IMPLY **QUALITY DIFFERENCE**.**

**NEED
FOR**



**DEVELOPMENT OF ACCREDITATION METHODS TO
EFFECTIVELY MEASURE AND COMMUNICATE QUALITY OF
CARE IN A STANDARDIZED WAY.**

Problem List¹

1. Active periodontal disease
2. Periapical translucency
3. Insufficient prosthetics
4. Cavities – insufficient fillings
5. Aesthetic problem



Plan of Therapy²

Development of treatment plan for a patient consists of four steps:

1. Examination and problem identification
2. Decision to recommend intervention
3. Identification of treatment alternatives
4. Selection of the treatment with patient's involvement.

1. Coleman GC. Documentation. In: Coleman GC, Nelson JF, editors. Principles of Oral Diagnosis. USA: Mosby-Yearbook; 1993. pp. 73–84.

2. Shugars DA, Shugars DC. Patient Assessment, Examination and Diagnosis, and Treatment Planning. In: Roberson TM, Heymann HO, Swift EJ, editors. Sturdevant's art and science of operative dentistry. 4th ed. USA: Mosby; 2002. pp. 389–428.